

**To:** Health Insurance Advisory Council

**From:** Christopher F. Koller, Health Insurance Commissioner

**Subject:** Rationale for Electronic Medical Record Standard Revision to CurrentCare Standard

**Date:** October 23, 2012

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In 2009, HIAC recommended that OHIC's third Affordability Standard be focused on the standardization of electronic medical record (EMR) incentives based on a review of evidence which suggested that EMR implementation could reduce medical expense trend while making a positive impact on health outcomes. After consultation with stakeholders, OHIC intends to revise its third Affordability Standard, which currently reads "standardize electronic medical record incentives" (referred to as the EMR standard) to instead read "Support CurrentCare, the state's health information exchange" (to be referred to as the CurrentCare standard), effective as of January 1, 2013.

OHIC's rationale for this revision is as follows:

- Take-up among providers of the EMR incentives offered by commercial health insurers has not been robust.
- Significant EMR incentives are now available through the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs. Eligible providers can receive up to \$44,000 through the Medicare EHR Incentive Program (as of 2011) and up to \$63,750 through the Medicaid EHR Incentive Program (as of 2012).
- CurrentCare, Rhode Island's health information exchange (not to be confused with the Rhode Island Health Benefits Exchange), is a secure electronic system which will allow doctors and other care givers immediate access to a patient's up-to-date health information in order to provide the best possible and most comprehensive care. OHIC's view is that CurrentCare now represents a statewide health information technology investment with greater potential to contribute to achieving HIAC's goal of reducing medical expense trend while making a positive impact on health outcomes.

Insurers will continue to be able to count any EMR incentives that they offer toward their compliance with the first Affordability Standard, which currently reads "expand and improve primary care infrastructure" (referred to as the primary care spend standard) but will no longer be required to offer such incentives.

OHIC welcomes the council's feedback in response to this revision to the Affordability Standards.